



## EBL Investigator Endorsement Application

The Michigan Lead Abatement Act of 1998 requires certification of individuals engaged in lead-based paint activities in the state of Michigan. Certification requires the individual to meet minimum education and/or experience qualifications, and successfully complete a third-party certification examination. Certification is valid for three years from the date of approval, and, at the end of each three year period, certification in good standing may be renewed by successful completion of a renewal examination.

Endorsement as an EBL Investigator requires that an individual currently be certified as a Risk Assessor, and successfully complete the appropriate proficiency examination.

Please type or print in ink. Illegible applications will delay processing.

### 1. Individual

Full name: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

(optional)

Home phone no.: \_\_\_\_\_

### 2. Employer

Employer name: \_\_\_\_\_

Work address: \_\_\_\_\_  
\_\_\_\_\_

Work phone no.: \_\_\_\_\_

FAX no. (if applicable): \_\_\_\_\_

E-mail address: \_\_\_\_\_

### 3. Qualifications

☐ Currently licensed/certified as Risk Assessor in Michigan. Certification no. P- \_\_\_\_\_

☐ Knowledgeable of the document entitled, "Environmental Investigations for Children with Elevated Blood Lead Levels"

Preferred exam date, if any:

### 4. Applicant Affidavit

I hereby certify that all information provided herein is true and complete to the best of my knowledge. I understand that falsification of any information provided on this application will result in immediate denial or revocation of MDCH certification. As an additional condition of certification, I hereby agree to comply with all applicable federal, state, and local regulations, ordinances, guidelines, and laws. Violation of any of these may result in immediate denial or revocation of MDCH certification.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

The Michigan Lead & Healthy Homes Section ☐ does ☐ does not have my permission to provide the above information to members of the public in any format.

Mail this form and all required attachments to:

Michigan Department of Community Health  
Lead & Healthy Homes Section  
P.O. Box 30195  
Lansing, MI 48909